Apr 30 03 11:56a Gary Ross 34

Apr 30 03 11:02a Kent Huffman Esq (56)

FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90088 038 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085626

1. Corp. Name
TOKAI TAI HOLDINGS, INC.

Principal Place of Business
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Mailing Address
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

3. Principal Place of Business
c/o Huffman
350 Royal Palm Way #409
Palm Beach, FL
33480 USA

4. Mailing Address
c/o Huffman
350 Royal Palm Way #409
Palm Beach, FL
33480 USA

☐ CHECK HERE IF MAILING CHANGES

4. FEI Number 65-1089230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

7. Name and Address of New Registered Agent
Name
Huffman, Kent Esq.
350 Royal Palm Way
Suite 409
Palm Beach FL 33480

8. The above corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, position as registered agent.

SIGNATURE: 4/10/03
Registered Agent Signature Date

FILING NOW: FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Total Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title PSD Name ROSS, GARY Street Address P.O. BOX 767 City-St-Zip PALM BEACH FL 33480	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete
Title Name Street Address City-St-Zip	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title Name Street Address City-St-Zip	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 607.0120(11)(b), Florida Statutes, as an officer or director of the corporation or a receiver or trustee and is listed in the most recent report filed with the Department.

SIGNATURE: 4/29/03